FILING DATE SERIAL NO. APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED 1st AMENDMENT IND. IND. DEP. DEP. DEP. IND. DEP. DEP. f ! TOTAL IND. TOTAL IND. _1 TOTAL DEP. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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